



Marshall University Schools of Medicine & Pharmacy Summer Health Care Pipeline Initiative

June 12 - July 8, 2017



SCHOOL OF PHARMACY

Marshall University Campus

Application must be turned in with the following information and a recent picture (head shot).

Student's Demographic Information:

Name: _____

High School: _____

Address: _____ Phone Number: _____

_____ Email address: _____

City/State/Zip code: _____

Birth date: Month/ _____ Day/ _____ Year _____

Do you receive free reduced lunch? Yes No

Academic Information:

Grade level: Sophomore Junior Senior

Graduation Date ____/____/____

- African American/Black
- American Indian
- Latino or Hispanic
- Asian/Other Pacific Islander
- 2 or more races

List all math classes you have taken and grade received.

What interests you the most Math, Science, Technology, Engineering or other subject area? Why?

Opinions and thoughts

1. Why should you be selected to attend Summer Health Care Pipeline Initiative?
2. What is your favorite subject and why?
3. What is your least favorite subject and why?
4. If you could learn anything what would it be and why?
5. Do you plan on attending College? If so, why do you feel that it is important?

Medical Information

Do you have any food or medical allergies?

Name of Applicant: _____

Do you take any medications? _____

Emergency Contact Information:

Name: _____

Address: _____ Phone Number: _____

_____ Email address: _____

I, the parent or legal guardian of _____, will not hold Marshall University or host campus nor their members or employees responsible for any accident or injury incurred by the named youth participant above while he/she is participating in any activity sponsored by Marshall University or host college during this college preparation camp or while being transported to and from any activity sponsored by the camp administration. This agreement and medical information will be valid from this point on or until the parent or legal guardian of the named youth change it in writing and contact the camp administration.

Signature _____ Date _____

Witness _____ Date _____

If a medical emergency occurs, we, the staff of the Health Care Pipeline Initiative of Marshall University will make every possible effort to contact the parents or legal guardian of the student in order to approve any medical treatment needed due to the emergency. We ask you sign this permission form so that we can treat or provide medical services to your child, in the event we are not able to locate the parent or legal guardian.

This is to certify to all the medical staff that I, the parent or legal guardian of _____, through this form gives authorization and consent to give emergency medical treatment to the above named youth.

Signature of parent or legal guardian: _____

Date: _____

Attendance Agreement

By completing this application, you are agreeing to participate in all the activities, events and meetings that comprise the Marshall University Health Care Pipeline Initiative Orientation. Failure to attend the Orientation or failure to give notice of no attendance in a timely manner will result in dismissal from the Program and all activities.

Name. _____

Signature. _____

Code of Conduct

1. *Each participant should treat with respect and courtesy all participants, adults, volunteers, instructors and all staff and administration of Marshall University.*
2. *Vocabulary should be appropriate and respectful for all. The use of obscene language is not permitted for any reason.*
3. *Harassment, intimidation, threats, coarse jokes, discriminatory language, rough play or disobedience will not be tolerated.*
4. *In regards to the dorm stay, participants should respect the establish schedules. Men are prohibited from entering places designated as "Women only"; and the women should not enter places designated as "Men Only." Participants are prohibited from leaving the dorms without being accompanied by camp volunteers or staff.*

Failure to following these basic rules could result in dismissal from the camp.

Name: _____

Signature _____

You may scan and e-mail, mail or turn in your application and supporting documents to:

***Dr. Shelvy L. Campbell-Monroe
Assistant Dean for Diversity
Marshall University Schools of Medicine and Pharmacy
Suite 2403-P
1600 Medical Center Drive
Huntington, WV 25701***

For Office use only:

Date received: _____

Order in which received: _____

All materials complete: YES NO